

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		3				
6	1					
7	1					
8		1				
9		1				
10		1				
11		4				
12	1					
13		(1)				
14		(1)				
15	1					
16		(1)				
17		1				
18		(1)				
19		1				
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	22					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						